

Plaintiff's Name Joshua Fordyce

Prisoner No. BM 7760

Institution Pelican Bay State Prison

P.O. Box - 7500

Crescent City, CA, 95532-7000

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**FILED**

Nov 8 2024

Mark B. Busby

CLERK, U.S. DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA  
SAN FRANCISCO

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

Joshua Fordyce

(Enter your full name)

v.

Pysch doctor-frye, PBSP

Pysch doctor-Rush, PBSP

Head PCMII, Danielle Wood

Canteen freestaff Jeremy

(Enter the full name(s) of all defendants in this action)

Case No. 24-cv-07830-SVK (PR)

(Provided by the Clerk upon filing)

**COMPLAINT BY A PRISONER  
UNDER THE CIVIL RIGHTS ACT,  
42 U.S.C. § 1983**

**I. Exhaustion of Administrative Remedies.**

You must exhaust the remedies available at your institution before your claim(s) can go forward.  
The court will dismiss any unexhausted claims.

A. Place of present confinement Pelican Bay State prison

B. Is there a grievance procedure in this institution?  YES  NO

C. If so, did you present the facts in your complaint for review through the grievance procedure?

YES  NO

D. If your answer is YES, list the appeal number and the date and result of the appeal at each level of review. If you did not pursue any available level of appeal, explain why.

1. Informal appeal: per Mental Health pysch Doctors Here in Pelican Bay Have Denied Me My Constitutional Right. per IM Transgender and

2. First formal level: They Continue To Say I Do Not Meet criteria of GENDER Dysforia when

The (DAT) policy #500.70.27 Allow me to Self-Identify Due To Being Transgender

Prisoner Complaint (rev. 12/4/2023) The constitutional Amended Page 1 of 3  
Right under The 1st 8th, and 14th Amendment

3. Second formal level: N/A

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4. Third formal level: N/A

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E. Is the last level to which you appealed the highest level of appeal available to you?

YES       NO

F. If you did not present your claim for review through the grievance procedure, explain why.

Yes, I Have But They always Deny  
The 602 and Have changed The Grievance  
Procedure to 1824 forms and I've pushed  
II. Parties. The Issues and Documented Everything

A. If there are additional plaintiffs besides you, write their name(s) and present address(es).

Self, Here in pelican Bay state prison  
Here in cresent city, ca,

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B. For each defendant, provide full name, official position and place of employment.

pys. dr. Frye Head pyschologist / PBSP  
pys. dr. RUSH " pyschologist / PBSP  
Danielle Wood - Head PCMI Here - PBSP  
freestaff - Jeremy - A - yard canteen / PBSP

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### III. Statement of Claim.

State briefly the facts of your case. Be sure to describe how each defendant is involved and to include dates, when possible. Do not give any legal arguments or cite any cases or statutes. If you have more than one claim, each claim should be set forth in a separate numbered paragraph.

per I Am a Transgender woman whos requested  
access To gender-Affirming Cosmetic per the  
canteen Here in Pelican Bay Does Not Have  
A policy To carry female Item, And Not Only  
That The Mental Health pysch Doctors on  
2 Different occassion's Have Discriminated  
Prisoner Complaint (rev. 12/4/2023) ON ME about me being <sup>Page 2 of 3</sup> A  
Transgender woman PER MY 14 TH  
Amendment. Promises Equal Protection

PER Being Here IN The Pelican Bay State prison I Have Been Discriminated against Due for the fact There is NO Official policy pertaining To Housing ANY Transgender Inmate's. When I was reading The LAW LIBARY ON Tablet - pertaining To The (D.A.I - policy #500.70.27 OR AS Seen In CASE Bradley v. Weber -2020 U.S. Dist LEXIS 85305 - I've not only BEEN Discriminated ON But By mental Health and custody free Staff whom Run The Canteen Here I've EXhausted My Remedys And Asked them To fix the ISSUE is Bring Fourth they're failure To communicate To EXhausted Remedy So Im pushing foward and Filing A Civil complaint and Suit per COCR failing To provide Me a constitutional Amended Right 1st, 14th, 8th pushing A Civil Suit.

#### IV. Relief.

Your complaint must include a request for specific relief. State briefly exactly what you want the court to do for you. Do not make legal arguments and do not cite any cases or statutes.

I'm Requesting a civil suit per my Emotional Distress By Mental Health and the Canteen clerks NOT taking Me and my Gender Dysforia serious And I would like To Be Housed with other Transgender females as myself.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Executed on:

11/29/24

Date

Signature of Plaintiff

## **GENDER IDENTITY INFORMATION FOR ICC**

This form requires a face-to-face interview and should be completed prior to ICC to aid the committee in making the appropriate housing determination. Once completed, this form shall be retained as part of the ICC documents. CDCR shall not deny a search preference or housing placement based on any discriminatory reasons such as the inmate's anatomy, genitalia, physical characteristics or sexual orientation.

**Name:** Click or tap here to enter text.

**CDCR #:** Click or tap here to enter text.

**Gender Identity:** Click or tap here to enter text.

**Pronouns:** Click or tap here to enter text.

### **Interview with Inmate**

(Ask the inmate the following questions and document responses)

1. **Please state the reason you are requesting transfer to a male/female institution.** Click or tap here to enter text.
2. **At what age do you remember recognizing that your gender identity did not match the gender you were assigned at birth?** Click or tap here to enter text.
3. **What was your gender assigned at birth?** Click or tap here to enter text.
4. **What gender do you identify as most often?** Click or tap here to enter text.
5. **What is your legal gender?** Click or tap here to enter text.
6. **Did you tell others about your gender identity? If yes, to whom and at what age?** Click or tap here to enter text.
7. **At what age did you start expressing yourself in your current gender?** Click or tap here to enter text.
8. **What gender expression do you prefer?** Click or tap here to enter text.
9. **Have you experienced any health or safety related problems in your current or prior housing assignments? If yes, please list the environment, e.g. single cell, 6-person pod, 200-person dorm, the time housed there, and the concerns.** Click or tap here to enter text.
10. **Have you ever been housed in a male or female facility/institution (this would include jail or community-based housing).** Click or tap here to enter text.
11. **Have you ever lived in a male or female correctional facility? Please explain** Click or tap here to enter text.
12. **What type of housing do you believe would be the safest for you?** Click or tap here to enter text.
13. **Please explain why you believe that your preferred housing is better for your health and safety than your current housing.** Click or tap here to enter text.
14. **What else would you like the committee to consider regarding your health and safety?** Click or tap here to enter text.

## **GENDER IDENTITY INFORMATION FOR ICC**

This form requires a face-to-face interview and should be completed prior to ICC to aid the committee in making the appropriate housing determination. Once completed, this form shall be retained as part of the ICC documents. CDCR shall not deny a search preference or housing placement based on any discriminatory reasons such as the inmate's anatomy, genitalia, physical characteristics or sexual orientation.

### **GENDER IDENTIFICATION DOCUMENTED**

(Documented dates the inmate identified as Transgender, Non-Binary or Intersex while in confinement. Review MCC, GIQ, POR, etc.)

**Aliases:** Click or tap here to enter text.

**Legal name:** Click or tap here to enter text.

**Legal gender:** Click or tap here to enter text.

### **CRIMINAL HISTORY/ARREST INFORMATION**

(I.e., Arrest date, Arrest charge, Prior sex offenses, etc.)

Click or

tap here to enter text.

### **HOUSING/IN-CELL INFORMATION**

(Add information relative to housing, e.g., had issues while housed in a Dorm setting at SQ)

**Date arrived in CDCR:** Click or tap here to enter text.

**Date arrived at current institution:** Click or tap here to enter text.

**Additional housing information:** Click or tap here to enter text.

### **MEDICAL/MENTAL HEALTH INFORMATION**

(Mental Health Status if available. e.g., GP, EOP, CCCMS, etc.)

**MH Level of Care:** Click or tap here to enter text.

**Input from MH during ICC if applicable:** Click or tap here to enter text.

**Input from Medical during ICC if applicable:** Click or tap here to enter text.

### **DISCIPLINARY HISTORY**

(Any discipline related to *sexual offenses, IEX, in cell violence, sexually violent predator*, etc. that may affect housing)

(Also, include any discipline relative to PREA violations associated with gender dysphoria, e.g., dress code violations)

Click or tap here to enter text.

### **PREA - VICTIMIZATION OR PREDATORY BEHAVIOR**

(Any information related to victimization or predatory behavior that may affect housing. Include document referenced.) Click or tap here to enter text.

### **ADDITIONAL INFORMATION**

(Review Attached Considerations)

Click or tap here to enter text.

STATE OF CALIFORNIA

**GRIEVANCE**

CDCR 602-1 (Rev. 01/22)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

PELICAN BAY STATE PRISON 12

STAFF USE ONLY	OGT Log No: <u>635085</u>	Date Received: <u>OCT 07 2024</u>
	Decision Due Date: <u>12-7-2024</u>	<u>GRIEVANCE OFFICE</u>
	Categories:	

Claimant Name: Foroyce CDCR #: BM 7760  
 Institution/Parole Region: PBSP Current Housing/Parole Unit: A 6-126

STAFF USE ONLY

Use this form to file a complaint with the Department.

In order for the Department to understand your complaint, please answer all of the following questions:

- What is the nature of your complaint?
- When and where did the complaint occur?
- Who was involved?
- Which specific people can support your complaint?
- Did you try to informally resolve the complaint?
- What rule or policy are you relying on to make your complaint?
- What specific action would resolve your complaint?

NOTE: Attach documents that help support your complaint (identify the documents if you do not have them).

first and foremost Greeting to you all. The Reason why I am writing this grievance under CAL pen code § 2606 IS Because I am a Transgender Woman whos Housed Here at pelican Bay A-facility where There is No Video Cameras inside The Dayrooms and Have The Right To Be Housed around other Transgender Inmates look Theres NO privacy curtains on the Shower Doors To feel comfortable while Taking A Shower Etc. Under SB 132 and "PBSP" fails Transgender Rights AS Seen in case Becker v. Sherman, 2017 US Dist Lexis 203501.

I'm Housed Here at pelican Bay on A-yard- and can-not Buy ANY

STATE OF CALIFORNIA  
GRIEVANCE  
CDCR 602-1 (Rev. 01/22)

## CONTINUATION PAGE

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 2 of 2

TRANsgender feminine products at the canteen They do not Have a Section for TRANsgender woman So IM NOT Given my Hormones and I ASK the OOG TO Investigate This please And Thank you.

Remedee -

Send Me To Another prison where I CAN start my Hormones and Be Around other TRANsgender woman like myself

Thank you.

ALSO per CDCR DGM- sect.

62080.14

And

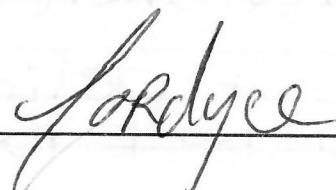
case: Bradley v. Weber

2020 US Dist Lexis 85305

And

DAI polly# 500.70.27

Claimant Signature:



Date Signed: 10/4/24

ADA Accessible

- my -  
• Complaint •

602 was sent already  
on matter.

I walked up to the canteen window  
Due for the fact it was open and asked  
The canteen Clerk "Jermy" HERE ON  
A-YARD IN Pelican BAY IF They Have  
Yet put Any Gender-Affirming Cosmetics  
Due for the fact that I AM A TRANSGENDER  
WOMAN, AND AM ENTITLED TO EQUAL PROTECTION  
AS SEEN IN CASE

Hansen v. Black

855 F 2d 642 646 (9th circ. 1989)

AND ALSO 1<sup>st</sup>, 14<sup>th</sup>, 8<sup>th</sup> CONSTITUTIONAL AMENDED RIGHT  
UNDER EQUAL PROTECTION OF AMERICA; CDCR  
TITLE 15 3004(A) PER RESPECT BY ANYONE, NO  
ONLY STAFF; PER 3271 TITLE 15 ENTITLES THE  
RESPONSIBILITY OF CDCR EMPLOYEES - THAT  
DOES NOT MEAN TO ALLOWE YOUR CANTEEN  
WORKER TO DISCRIMINATE ON ME BECAUSE I  
ASKING A QUESTION TO THE CANTEEN CLERK  
Jermy - BUT WHEN I WAS ASKING ABOUT  
FEMALE HYGIENE PRODUCTS YOU GUYS SAID  
IM ON (THE WRONG FUCKING YARD) PER DON  
62080.14 AND MY BELIEF THAT WAS VERY  
WRONG Jermy.

BRITTANY

## RIGHTS AND RESPONSIBILITY STATEMENT

The California Department of Corrections and Rehabilitation has added the department language (shown inside brackets, in non-boldface type) for clarification purposes.

Pursuant to Penal Code 148.6, anyone wishing to file an allegation of misconduct by a departmental peace officer must read, sign and submit the following statement:

**YOU HAVE THE RIGHT TO MAKE A COMPLAINT AGAINST A POLICE OFFICER [this includes a departmental peace officer] FOR ANY IMPROPER POLICE [or peace] OFFICER CONDUCT. CALIFORNIA LAW REQUIRES THIS AGENCY TO HAVE A PROCEDURE TO INVESTIGATE CITIZENS' [or inmates'/parolees'] COMPLAINTS. YOU HAVE A RIGHT TO A WRITTEN DESCRIPTION OF THIS PROCEDURE. THIS AGENCY MAY FIND AFTER INVESTIGATION THAT THERE IS NOT ENOUGH EVIDENCE TO WARRANT ACTION ON YOUR COMPLAINT; EVEN IF THAT IS THE CASE, YOU HAVE THE RIGHT TO MAKE THE COMPLAINT AND HAVE IT INVESTIGATED IF YOU BELIEVE AN OFFICER BEHAVED IMPROPERLY. CITIZEN [or inmate/parolee] COMPLAINTS AND ANY REPORTS OR FINDINGS RELATING TO COMPLAINTS MUST BE RETAINED BY THIS AGENCY FOR AT LEAST FIVE YEARS.**

COMPLAINANT'S PRINTED NAME	COMPLAINANT'S SIGNATURE	DATE SIGNED
INMATE/PAROLEE PRINTED NAME <i>Forduke, J</i>	INMATE/PAROLEE'S SIGNATURE <i>Forduke, Josh</i>	CDC NUMBER DATE SIGNED
RECEIVING STAFF'S PRINTED NAME	RECEIVING STAFF'S SIGNATURE	BM 7760 10/18/24

DISTRIBUTION:  
ORIGINAL -

Public - Institution Head/Parole Administrator  
Inmate/Parolee - Attach to CDC form 602  
Employee - Institution Head/Parole Administrator  
COPY - Complainant

STATE OF CALIFORNIA

**HEALTH CARE SERVICES REQUEST FORM**  
CDCR 7362 (Rev. 03/19)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 2 of 2

**PART I: TO BE COMPLETED BY THE PATIENT**

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL  MENTAL HEALTH  DENTAL  MEDICATION REFILL 

NAME <i>Forduke</i>	CDCR NUMBER <i>BM17760</i>	HOUSING <i>D1-A-102</i>
PATIENT SIGNATURE <i>Forduke</i>	DATE <i>10/31/24</i>	

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe your health problem and how long you have had the problem) *I'm Requesting my Hormone Treatment per The DAI policy 500-70-27, I'm A Transgender woman who self identifies with gender dysphoria And Have Been Discriminated ON BY The Mental Health Psychiatrist Frye & RUSH*

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

STATE OF CALIFORNIA

REASONABLE ACCOMMODATION REQUEST  
CDCR 1824 (Rev. 09/17)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 1 of 1

INSTITUTION (Staff use only) <b>PBSP</b>	LOG NUMBER (Staff Use Only) <b>634231</b>	DATE RECEIVED BY STAFF: <b>PELICAN BAY STATE PRISON</b>
*****TALK TO STAFF IF YOU HAVE AN EMERGENCY***** <b>DO NOT</b> use a CDCR 1824 to request health care or to appeal a health care decision. This may delay your access to health care. Instead, submit a CDC 7362 or a CDCR 602-HC		OCT 04 2024
INMATE'S NAME (Print) <b>Fordyce</b>	CDCR NUMBER <b>BW 7760</b>	ASSIGNMENT <b>N/A</b>
HOUSING <b>A6-126</b>		

## INSTRUCTIONS:

- You may use this form if you have a physical or mental disability or if you believe you have a physical or mental disability.
- You may use this form to request a specific reasonable accommodation which, if approved, will enable you to access and/or participate in a program, service or activity. You may also use this form to submit an allegation of disability-based discrimination.
- Submit this form to the Custody Appeals Office.
- The 1824 process is intended for an individual's accommodation request. Each individual's request requires a case-by-case review.
- The CDCR 1824 is a request process, not an appeal process. All CDCR 1824 requests will receive a response.
- If you have received an 1824 decision that you disagree with, you may submit an appeal (CDCR 602, or CDCR 602-HC if you are disagreeing with a medical diagnosis/treatment decision).

## WHAT CAN'T YOU DO / WHAT IS THE PROBLEM?

I AM A Transgender woman whos Housed Here in pelican Bay. BUT like in Smith v. Diaz 2023 US Dst Lexis 31042 - I am not given my Hormons AND This facility Does not Have security cameras and Being Inside facility and Being transgender To shower.

## WHY CAN'T YOU DO IT?

I'M Not given My Hormon's Here at Pelican Bay and The facility Has no cameras To watch or maintain the safety of Any Transgender woman which facility lacks Safety Concerns

I would like to Be transferred to a Transgender friendly facility And start my Hormons, I am protected By SB132. I'm NOT allowed To purchase Any female products And feel like I Am really Discriminated Against Here in Pelican Bay and Over Punished for Being Transgender I Have Gender Disforia and My (Use the back of this form if more space is needed) mental Health.

## DO YOU HAVE DOCUMENTS THAT DESCRIBE YOUR DISABILITY?

Yes  No  Not Sure

List and attach documents, if available:

This facility has No Camera's inside Day rooms and I AM not given my Hormonal treatment I'm in the computer as Transgender woman

I understand that staff have a right to interview or examine me, and my failure to cooperate may cause this request to be disapproved

**Fordyce & Britt**

INMATE'S SIGNATURE

**10/3/24**  
DATE SIGNED

Assistance in completing this form was provided by:

Last Name

First Name

Signature

Pg.  
1

## 1 Exhibit C entitled:

2 supporting case laws:

3 → SABBATS V. CLARK

4 2022 US Dist. Lexis 164430

5 → CANO V. SC. DEPT. OF CORR., (WPATH)

6 2023 US Dist Lexis 160250

7 → HAVERKAMP V. LINTHICUM

8 2024 US dist Lexis 170933

9 → NORRINGTON V. MITCHEFF

10 2012 US Dist Lexis 178618

## 11 Supporting facts:

12 on 9/30/2024, I spoke with the pjs.

13 DR. MRS. FRYE at 10:00 AM, while

14 Being Housed Here ON Alpha yard

15 Here in Pelican bay state prison

16 When I spoke with Her about

17 My Gender Dysforia since I do

18 PER the DAT policy Identify as

19 Being Gender Dysforia! She didn't

20 Grant me my proper Diagnosis is

21 Why Im placing this 42 USC 1983

22 ON the Ground Mental Health are

23 NOT Allowed To Discriminate ON

24 ANY Inmate OR Person period.

25 When I was Reading the Info

26 IN THE LAW LIBRARY ON this

27 facility Barrowed tablet Due

28 for the DIVISION OF ADULT INSTUTION

POLICY 500.70.27 I Have the

Right per Being AN American

Pg.  
2

1 Who Housed in the California  
2 Department of Corrections and  
3 RehabilitationS under the 1<sup>st</sup>, 8<sup>th</sup>  
4 And 14<sup>th</sup> Constitutional Amended  
5 Rights Not To Be Judged; And  
6 Most Differently Treated With  
7 Equal protection per Im IN  
8 The CDCR, and if you look  
9 at this Updated canteen List!  
10 Where are The GENDER-Affirming  
11 canteen Items which usually  
12 say "per Transgender only"

13 So I seen the canteen  
14 window was open and Not  
15 helping anyone so I walked  
16 up to the window and asked  
17 the canteen free staff who is  
18 employed by the CDCR - State  
19 of California, when I asked  
20 the free staff if they have  
21 put any GENDER Affirming Items  
22 on the canteen Due for the  
23 fact Im a transgender  
24 inmate who identifies as a  
25 woman - The free staff Jeremy  
26 from A yard and His canteen  
27 worker's who are inmates  
28 to allow them and the free  
STAFF TO TELL ME "IM ON  
THE WRONG FUCKING YARD"

In in deed Discrimination - So I  
Have Informed C/O Muster who is  
IN "A6" Also "captain DEWITT" A-yard  
Program and Lutinuet spier All on  
A-yard Because I Know I am  
Entitled To Be Treated fairly 42 USC 1983  
1st, 8th, 14th Amendment per the  
fact I've 602- The factual Basis  
IS NO MATTER what IM A Transgender  
woman who suffers with Gender -  
Dysforia and Have Brought ISSUES  
about The complaints AND Have  
Even Asked (LT. Clemons) about The  
policy under Division of Adult Institutions  
DAT policy - 500.70.27 - I've Had  
Numerous problems with mental  
Health pys. DR, Here in Pelican  
Bay Which is Bringing forth this  
Compliant against

pys. DR. Frye - from PBS p - A-yard  
pys. DR. Rush - from PBS p - D-yard  
Under violation of ANY  
American federal and civil Rights  
Under EQUAL protection claus ,  
By Bringing forth this ISSUE  
42 USC 1983 under Being AN  
American with ENTITLED Rights .

Seen, in / [REDACTED] Bradley V. Weber

2020 us.dist lexis 85305

PG,  
4

She Had Brought fourt many of  
similar complaint That I am Asking  
TO BE Address By a court Because  
These people Have caused me AN  
EMotion Distress - I do NOT like  
TO BE around other Inmates per  
The fact I am judged on my  
Sexuality and its the 8<sup>th</sup> Job and  
Responsibility per the 8<sup>th</sup> Amend  
To make sure per The title 15  
Section 3271 By me placing A  
citizen complaint against these  
Individuals who work for OR  
ARE employed By the state of  
California.

- (16) free staff Jerry - on A-Yard"  
HERE in pelican Bay  
And works in canteen  
ON A-facility -

(17) PCM II

DANIELLE wood

The PCM II is The BOSS  
of "The Free staff Jerry" I  
WROte EM And Asked about  
TRANsgender GENDER Affirming  
Canteen Items and I was told  
That THERES NO policy which  
REQUIRES Them TO PURCHASE and  
Have "IN-stock" for TRANsgender

pg,  
5

1 Who come TO Pelican Bay State  
2 prison so In case other Transgender  
3 end up Here per The 8th and  
4 Amend When asked we do  
5 Not HAVE TO Jump Thru Loops  
6 And Get No Where fast. I do  
7 understand this is not A location  
8 which is considered A Trans-  
9 gender HUB - I've Requested TO  
10 get my "Serious Medical Treatment"  
11 and Hormonal treatment. Thank you.

12 → supporting Case Laws —

13 Campbell v. Bruce

14 2019 US Dist Lexis 168251

15 Bradley v. Price

16 2021 US. Dist. Lexis 89605

17 Mitchell v. Wall

18 2015 US. Dist. Lexis 54065

19 — supporting facts —

20 under 42 USC 1983 and Violation  
21 of my civil Rights complaint per  
22 Health care treatment of

23 Gender Identity Disorder per  
24 The updated eff. date 12/19/2011)

25 and Revised Version of the

26 DAI policy #500.70.27 per

27 GENDER Dysforia . . . were

28 Deliberately Indifferent To my

NEED FOR Adequate Treatment

FOR "G.I.D PURSUANT TO the

PG.  
61 DAI Policy #500.70.27  
2

3 AND PER THE DAMAGES OF  
4 my emotional, mental and  
5 physical pain and suffering  
6 I am asking for A Relief  
7 for CDCR violating MY civil  
Rights—

8 when the 8th Amendment  
9 of the United States constitution  
10 Requires - custody Staff To  
11 provide Adequate Medical care  
12 for ALL Inmates - Not on Just  
13 Transgender - Inmates MUST  
14 Be provided Adequate food,  
15 clothing, shelter and Medical  
16 care pertaining That The prison  
17 official To provide Humane  
18 conditions of confinements and  
19 Take Reasonable Measures To  
20 Gaurantee The safety of All  
21 Inmates: AS Seen in case

22 FARMER V. Brennan

23 511 US 825. 832 114 S.CT 1970,

24 128 L.Ed 2d 811 (1994) citing

25 Hudson v. Palmer

26 468 US 517 526-527 104 S.CT 3194

27 82 L.Ed 2d 393 (1984)

28 By medical Refusing to  
Give me the Reasonable Accom-  
Due TO Recieving my Hormones

pg.  
7

1 Therapy or even setting me up  
2 TO Be seen By A " Transgender  
3 Specialist called Endocrinologist "  
4 To get a Hormonal Treatment .

5 When IT is in the federal  
6 and State Guidelines They  
7 Can-not Discriminate on Any  
8 Inmate Under the first Amend  
9 8th and 14 Amendment -  
10 I Respect fully submit .

11 ON this .

12 GOD Bless

13  
14 Sincerely  
15 Joshua Fordyce # BM 7760  
16 AKA -

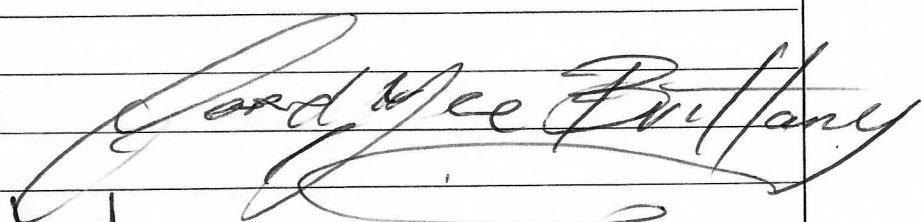
17 Brittany Fordyce  
18 per  
19 SB 132 - Transgender

20  
21  
22  
23  
24 DATE Submitted,  
25 11-3-2024

26

27

28



**CIVIL  
COMPLAINT**